

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035810

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1345

FILED OCT 14 1963

VS 300
Rev. 4/59

1 0397
2 0397
3 2
4 1
5 0
6
7 0
8 2
9 9/160
10 16
11 133
12 90-3
13

DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 715 W. 6th. Street		d. STREET ADDRESS (If outside, give location). 715 W. 6th. Street. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BILLIE JEAN RYAN		4. DATE OF DEATH Month Oct. Day 5, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		11. BIRTHPLACE (City and state or country) Springfield, Mo.	
13a. FATHER'S NAME Fred Ryan		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		17. INFORMANT Springfield, Missouri. William Garrison, 1117 S. Overhill,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to have been caused by suffocation by fire When body was found, it was badly charred Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. #5555# DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) House fire. The house was severely			
20c. TIME OF INJURY Hour Approx. 4:30 A.M. Month, Day, Year 10-5-63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home		
20e. CITY, TOWN, OR LOCATION COUNTY STATE Springfield, Greene, Missouri			
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at Approx. 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ralph H. Thieme Greene County Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 10-9-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-11-1963	23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	
23d. LOCATION (City, town, or county) (State) Greene County, Missouri			
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 10-10-63	
26. REGISTRAR'S SIGNATURE Bennie H. Hixley			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Tuttle

Licensed Embalmer No.

5079

P. O. Address

Spfld, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

10/10/63